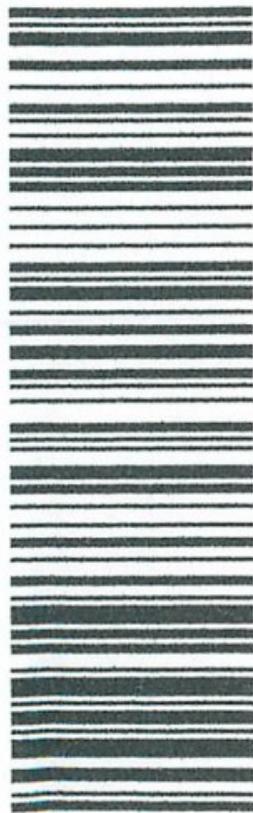


PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE**CERTIFIED MAIL®**9589 0710 5270 1220 3635 21
9589 0710 5270 1220 3635 21**U.S. POSTAL SERVICE™
CERTIFIED MAIL RECEIPT***Domestic Mail Only*For delivery information, visit our website at [www.usps.com®](http://www.usps.com).**OFFICIAL USE**

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- | | |
|--|----------|
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ _____ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ |
| <input type="checkbox"/> Adult Signature Required | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |

Postmark
Here

**ALOMEGA HOME HEALTH CARE, LLC
C/O REGISTERED AGENT
ALVERNA MCCULLOUGH
41154 CEDAR CREEK ROAD
HEMPSTEAD, TEXAS 77445
1:23-CV-131-RP**

- SENDED: COMPLETE THIS SECTION
- Complete items 1, 2, and 3.
 - Print your name and address on the reverse so that we can return the card to you.
 - Attach this card to the back of the mailpiece, or on the front if space permits.

1 Article Addressed to:

ALOMEGA HOME HEALTH CARE, LLC
C/O REGISTERED AGENT
ALVERNA MCCULLOUGH
41154 CEDAR CREEK ROAD
HEMPSTEAD, TEXAS 77445

1:23-CV-131-RP



9590 9402 8990 4064 4035 15

2 Article Number (Transfer from service label)

9589 0710 5270 1220 3635 21

A. Signature

X
 Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is the

address different from item 1? Yes
 or delivery address below: No

3. Service type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Mail
 Mail Restricted Delivery
 (0)



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 8990 4064 4035 15

United States
Postal Service

* Sender: Please print your name, address, and ZIP+4® in this box*

Clerk, U S. District Court
501 W 5th Street, Suite 1100
Austin, Texas 78701

CLERK, U.S. DISTRICT COURT
WESTERN DISTRICT OF TEXAS
UNITED STATES COURTHOUSE
501 W. 5TH STREET, SUITE 1100
AUSTIN, TEXAS 78701

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE: \$300

ALOMEGA HOME HEALTH CARE, LLC
C/O REGISTERED AGENT
ALVERNA MCCULLOUGH
41154 CEDAR CREEK ROAD
HEMPSTEAD, TEXAS 77445
1:23-CV-131-RP

**CLERK, U.S. DISTRICT COURT
WESTERN DISTRICT OF TEXAS
UNITED STATES COURTHOUSE
501 W. 5TH STREET, SUITE 1100
AUSTIN, TEXAS 78701**

OFFICIAL BUSINESS
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